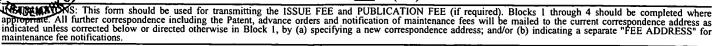
PART B - FEE(S) TRANSMITTAL

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transmitted to the USPTO, on the date indicated below. Nina L. McNeil1 (Depositor's name (Signature April 26. 2004 (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/992,849	11/12/2001	Larry l	Fabiny	019930-005600US	7263	
TITLE OF INVENTION: F PROCESS	IIGH-EFFICIENCY LOW	POLARIZATION-DEPENDEN	T-LOSS LAMELLAR DIF	FRACTION-GRATING PRO	FILE AND PRODUCTION	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
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EXAMINE	R	ART UNIT		CLASS-SUBCLASS				
LAVARIAS, AF	RNEL C	2872		359-569000	_			
1. Change of correspondence add CFR 1.363). Change of correspondence Address form PTO/SB/122) a "Fee Address" indication (PTO/SB/47; Rev 03-02 or m. Number is required.	spondence f	names of up to agents OR, alter frm (having as agent) and the n	a registered patent natively, (2) the name a member a registere names of up to 2 registers. If no name is list	attorneys or ne of a single ed attorney or pistered patent	1 Townsend 23_	and Townsend and Crew		

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY)

(A) NAME OF ASSIGNEE

PTS Corporation

San Jose, CA 95134

Please check the appropriate assignee category or	categories (will not be printed on the patent);	☐ individual	XX corporation or other private group entity	☐ government
a. The following fee(s) are enclosed:	4b. Payment of Fee(s):	-		
XXIssue Fee	☐ A check in the amo	unt of the fee(s)	is enclosed.	
XXPublication Fee	☐ Payment by credit of	ard. Form PTO	-2038 is attached.	
XXAdvance Order - # of Copies10	XXThe Director is her Deposit Account Num	reby authorized ber <u>20-1</u> 2	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)	Patil Re	(Date)	
Patrick M. Bo	oucher (Reg.	No. 44,037)	4/26/04
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FEE TRANSMITTAL	Application Number	09/992,849					
for FY 2004	Filing Date	Filing Date November 12, 2001 First Named Inventor Larry Fabiny Examiner Name Arnel C. Lavarias Art Unit 2872	November 12, 2001				
Effective 10/01/2003. Patent fees are subject to annual revision.	First Named Inventor	Larry Fabiny					
Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	Arnel C. Lavarias					
	Art Unit	2872					
TOTAL AMOUNT OF PAYMENT (\$) \$1660	Attorney Docket No.	019930-005600US					
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					

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	Small				_	1254	1,480	2254	740	Extension fo	r reply within fourth month	
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	2001	385	Utility fil	ing fee			2,010	2255	1,005		r reply within fifth month	
1002 340	2002	170		filing fee		1401	330	2401	165	Notice of Ap	•	
1003 530	2003	265	Plant fil	ing fee		1402	330	2402	165	_	in support of an appeal	
1004 770	2004	385	Reissue	filing fee		1403	290	2403	145	Request for	<u>-</u>	
1005 160	2005	80	Provisio	onal filing fee		1451	1,510	1451	1,510	Petition to in proceeding	stitute a public use	
		SUBTO	OTAL (1)		(\$)	1452	110	2452	5 5	Petition to re	vive – unavoidable	
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2. EXTRA CL	AIM I	FEES I	FOR UTI	LITY AND R	EISSUE	1501	1,330	2501	665	Utility issue t	fee (or reissue)	1330
				Fee from)	1502	480	2502	240	Design issue	e fee	
	,	E	xtra Claims	below	Fee Paid	1503	640	2503	320	Plant issue f	ee	
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1202 18	220		9	Claims in exce		1910	770	2010	205	(37 CFR § 1.		<u> </u>
1201 86 1203 290	220		43 45		aims in excess of 3 dent claim, if not paid	1810	770	2810	385	examined (3	fitional invention to be 7 CFR § 1.129(b))	
1204 86	220	04 4	43	** Reissue inde over original	ependent claims patent	1801	770	2801	385	Request for ((RCE)	Continued Examination	
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Name (Print/T	ype)	Patrio	ck M. Bou	cher	Registration No. (A	ttomey/Agent;	44,0	037	7	elephone	(303) 571-4000	
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